

INDIANA INTRASTATE PROBATION TRANSFER REQUEST

To: _____ From: _____ Date: _____
(Receiving Court Probation Dept.) (Sentencing Court Probation Dept.)

Offender's name: _____ Case No.: _____

Race: _____ Gender: _____ D.O.B.: _____ SSN: _____

Sex offender: Yes _____ No _____ DNA Sample Collected: Yes _____ No _____

Sex offender registration required: Yes _____ No _____

Offense(s): _____
(Please do not use abbreviations; specify "count I, count II, etc.)

Date convicted: _____ Date probation began: _____

Probation period: _____ Date probation expires: _____

Offender currently on probation under another case number: Yes _____ No _____; if "yes", please provide whether the other term runs concurrently or consecutively, and whether the offender is in compliance with the terms of probation: _____

Offender current on probation/program fees: Yes _____ No _____

Restitution (amount owed, schedule of payments): _____

Residence: _____
(Street Address) (City)

(State) (Zip) Telephone: _____

Employment: _____
(Employer Name) (Street Address)

(City) (State) (Zip) Telephone: _____

Reason for transfer:

- ____ Offender lives in receiving county (mandatory)
- ____ Offender works in the receiving county (discretionary)
- ____ Offender is taking educational courses in the receiving county (discretionary)
- ____ Offender has other significant contacts/relatives in the receiving county (discretionary)
(please explain: _____)

Additional Programs/Services Requested: (Check all that apply)

_____ Complete a Certified Court Administered Alcohol & Drug Program
_____ Individual Service Contract attached (including criminal justice consent)
_____ Referred Services (ie, anger management, alcohol education, Thinking for a

Change): _____

_____ Mental Health treatment

_____ Other (please specify): _____

Special Conditions of Probation or Comments: _____

THE FOLLOWING MATERIALS MUST BE INCLUDED WITH THIS REQUEST FORM:

sentencing order; conditions of probation; payment agreement/deadlines; PSI/criminal history; risk and needs assessments; substance use evaluation (if applicable); A&D individual service contract (if applicable); sex offender conditions (if applicable); plea agreement (if applicable). Include additional information as needed.

Please include a photograph of the offender if available.

BY: _____
(Probation Officer) (Department Address)

TELEPHONE: _____
(City) (Zip)

Fax: _____ E-mail: _____